MEDI-CAL UPDATE
Part 1
Program and Eligibility
www.medi-cal.ca.gov

September 2005

Contents

Linking Paper Attachments to Point of Service (POS) Device Health Care Claims Coming Soon

Beginning October 24, 2005, providers may link paper attachments to their 837 v.4010A1 Professional electronic health care claims submitted through the Point of Service (POS) device. This new process allows providers who submit electronic claims through the POS device to mail in their paper attachments.

To submit paper attachments linked to a POS device claim, providers must use an *Attachment Control Form* (ACF) as the coversheet for the supporting attachments. The ACF has a pre-printed Attachment Control Number (ACN), which providers input during their electronic claim submission in a specified field. Providers submit the electronic claim and mail the ACF along with the paper attachments to Medi-Cal. Medi-Cal then links the paper attachments and electronic claim for processing. Providers have a maximum of 40 calendar days after the electronic claim is submitted to mail the ACF along with the supporting documentation to Medi-Cal.

To begin using the new process, providers will need a supply of ACFs and ACF envelopes, which can be ordered by calling the Telephone Service Center (TSC) at 1-800-541-5555.

The *POS Device User Guide* will be updated to include step-by-step instructions in October 2005. It can be found on the Medi-Cal Web site at **www.medi-cal.ca.gov** by clicking the "User Guides" link.

Claims Appeal Status Available from the Provider Telecommunications Network (PTN) and the Medi-Cal Web Site

Effective August 22, 2005, providers may determine the status of their appeals using the Provider Telecommunications Network (PTN) and/or the Medi-Cal Web site. The PTN allows providers to access their appeal status. The Medi-Cal Web site allows providers to access **both** their appeal status and copies of appeal letters for their records.

Determining Appeal Status Using PTN

The Provider Telecommunications Network (PTN) is an automated voice-response system that allows providers to make certain Medi-Cal inquiries by telephone. Please refer to the *Provider Telecommunications Network* (PTN) section in the Part 1 provider manual for PTN access requirements and general system information.

Step 1: Call the PTN service at 1-800-786-4346 from 7 a.m. to 8 p.m., seven days a week. PTN will prompt you to enter your seven-digit PIN.

Step 2: At the prompt, choose Option 6, "Appeal Status," from the Provider Selection Menu.

Please see **Appeal Status**, *page 3*

EDS/MEDI-CAL HOTLINES

Border Providers ..... **(916) 636-1200**
DHS Medi-Cal Fraud Hotline **1-800-822-6222**
Telephone Service Center (TSC) **1-800-541-5555**
Provider Telecommunications Network (PTN) **1-800-786-4346**

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

OPT OUT *is a new service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply "opt-out" of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at* **www.medi-cal.ca.gov**, *and click the "Learn how..." OPT OUT link on the right side of the home page.*

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the Department of Health Services Web site at http://www.dhs.ca.gov.

MEDI-CAL FRAUD
IS AGAINST THE
LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS EACH YEAR AND CAN ENDANGER THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF BY REPORTING YOUR OBSERVATIONS TODAY.

DHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Appeal Status *(continued)*

Step 3: At the prompt, enter the appeal Document Number on the keypad, followed by the pound sign (#). The 8-digit Document Number is printed in the upper right-hand corner of the *Appeal Form* (90-1).

Step 4: PTN will search for a matching appeal record. If it finds a record, PTN will announce the appeal status as one of the following: In Progress, Denied, Rejected, Resubmitted and Denied, Resubmitted and Paid or Resubmitted for Processing.

Step 5: After you have received all the information you need from PTN, you may hang up the phone to terminate your PTN session.

This information is reflected on manual replacement pages appeal 2 (Part 1) and prov tele 1, 3, 6, 9 and 24 thru 26 (Part 1).

Determining Appeal Status Using the Medi-Cal Web Site
The Medi-Cal Web site is accessible to providers who have a signed network agreement on file with EDS. Providers can search the Web site for appeal status **and** appeal letters to assist them in managing their claims.

Step 1: On the Medi-Cal Web site, click the "Transaction Login" link located in the top left-hand corner of the home page. Enter your Provider ID and PIN number to log on to the Web site.

Step 2: Click the "Perform Automated Provider Services" link.

Step 3: Click the "Perform Appeal Status Inquiry" link.

Step 4: In the "Document Number" field, enter the appeal Document Number. This 8-digit number is printed in the upper right-hand corner of the *Appeal Form* (90-1). Click the "Submit" button.

Step 5: If the search engine locates a matching appeal record, it will display the appeal status as one of the following: In Progress, Denied, Rejected, Resubmitted and Denied, Resubmitted and Paid or Resubmitted for Processing.

Accessing Appeal Letters Using the Medi-Cal Web Site
The Medi-Cal Web site allows users to access copies of appeal letters mailed to them by EDS. These letters may help providers manage their claim and appeal records.

Step 1: Perform an Appeal Status transaction as described above.

Step 2: A list of links to appeal letters will appear in the 'Appeal Letters' section of the Appeal Status window. The letters are ordered by the date the letter was mailed to the provider. When you click on an appeal letter link, the appeal letter will be displayed in a new window. You may print the letter using the print feature of your Internet browser.

Note: Appeal letters available on the Web site may not be used as proof of timeliness for claims or appeals.

For additional information, call the Telephone Service Center (TSC) at 1-800-541-5555.

837 Transaction Technical Assistance Available via Online Archive

The Department of Health Services (DHS) is again offering technical assistance via Webcast recording. The archived Webcast covers the ASC X12N 837 v.4010A1 Institutional & Professional Claim Transaction, updated with current and future project information. This presentation will be available in October 2005. Providers can view the archive 24 hours a day, seven days a week through any Internet-connected computer. To access, simply visit the Medi-Cal Web site at **www.medi-cal.ca.gov** and click the "837 Institutional and Professional Claim Transaction Refresher Webcast Archive" link.

Please contact your technical support staff to notify them about the online technical assistance.

Who Should View
The presentation is technical in nature and meant for those who are familiar with the structure and data content of electronic and EDI transactions. This includes technical support staff, software vendors, billers and clearinghouses.

Background
In accordance with efforts to comply with HIPAA federal mandates, Medi-Cal has established a plan to discontinue acceptance of proprietary and non-HIPAA standard electronic formats for electronic claim transactions in phases. The first provider community to be affected is the Inpatient provider community. **Beginning December 1, 2005, proprietary and non-HIPAA standard electronic claim formats submitted by Inpatient providers will no longer be accepted.** Medi-Cal is offering the Webcast presentation of the 837 Institutional and Professional Claim Transaction to aid in the transition effort.

For more information, please visit the Medi-Cal Web site or contact the Telephone Service Center (TSC) at 1-800-541-5555.

837 Version 4010A1 Electronic Claims with Attachments Coming Soon

Coming at the end of the year, providers will have the ability to submit fax and electronic attachments with 837 version 4010A1 electronic claim submissions. This new functionality allows providers to submit claim forms electronically and fax their attachments, or send the attachments electronically through an approved third party vendor. To utilize this new process, providers must be authorized to bill 837 v.4010A1 electronic claims. The fax process includes an *Attachment Control Form* (ACF), which is used as a coversheet for the supporting fax attachments. The ACF has a pre-printed Attachment Control Number (ACN), which submitters input on their electronic claim submission in the PWK segment. Providers submit the electronic claim and fax the ACF along with the attachments to Medi-Cal. The electronic process includes involvement with an approved third party vendor that preprocesses the attachments and sends the images electronically on the provider's behalf. Medi-Cal then links the faxed or electronic attachments to the appropriate electronic claim. Providers have a maximum of 30 calendar days to submit the faxed or electronic attachments to support the electronic claim.

More information, including the fax number, contact information for approved third party vendors and how to set up and use the new process, will be announced in future *Medi-Cal Updates*.

CMC Claim Submission Coming this Fall for Medicare/Medi-Cal Crossover Billers

For the first time in Medi-Cal history, approved providers/submitters billing claims for Medicare/Medi-Cal recipients that do not automatically cross over will be allowed to bill Medi-Cal electronically using the Computer Media Claims (CMC) system. Beginning October 24, 2005, Medi-Cal will receive crossover claims directly from approved providers/submitters who bill electronically using the ASC X12N 837 v.4010A1 Professional and Institutional transactions. Hard copy claim submission to Medi-Cal will remain an option but will no longer be required for most inpatient, outpatient, skilled nursing facility, medical and vision claim types.

Please see **CMC**, *page 5*

CMC *(continued)*

Automated Electronic Submission

Also set for October 2005 is the launch of an automatic process to receive electronic crossover claims for most Part B services billed to Part A Intermediaries, United Government Services and Mutual of Omaha. Outpatient Hospital, Medical Transportation and Dialysis providers who were previously required to bill these claims on paper will now have their claims automatically sent to Medi-Cal through the coordination of benefits process. These providers also will be able to submit electronic claims directly to Medi-Cal, as previously described, if their claims do not automatically cross over.

Providers of Part B services billed to Part A Intermediaries other than United Government Services and Mutual of Omaha must continue to bill their claims directly to Medi-Cal, on paper or in the appropriate HIPAA standard electronic format, until an automatic crossover process is established with the Medicare Consolidated Coordination of Benefits Contractor. This is expected to occur in 2006.

New Crossover Billing Requirements for Hard Copy Claims

To standardize claims processing, providers who prefer to continue billing crossover claims on paper for Part B services billed to Part A Intermediaries will be required to use the *UB-92 Claim Form*, attach a *Medicare National Standard Intermediary Remittance Advice* (RA) to each claim form submitted and comply with revised billing instructions. Please note that these new requirements apply to all providers who bill their services to Part A Medicare Intermediaries (for example, Medical Transportation providers) and were previously required to bill hard copy using the *CMS 1500 (HCFA 1500)* claim form.

Providers may obtain RAs by printing the "Single Claim" report, which can be accessed through the latest version of PC Print software, available free. PC Print software and instructions are available on the United Government Services Web site (**www.ugsmedicare.com**) by clicking "Providers," then "EDI" and then the "PC Print Software" link. Providers should obtain the PC Print software from Medicare as soon as possible to ensure they can print the appropriate RAs by the October deadline. Claims received after October 24, 2005 that do not comply with the new billing instructions and attachment requirements will be returned to providers for correction before processing.

A sample RA and *UB-92 Claim Form* follows for providers who were previously required to bill hard copy using the *CMS 1500 (HCFA 1500)* claim form. The only new requirement on the UB-92 form is the Intermediary Code in Box 56. Revised billing instructions will be published in the October *Medi-Cal Update*.

Medicare National Standard Intermediary Remittance Advice

City Memorial
1234 Street Ave
City State 12345
011223

FPE: 06/30/06 UGS
PAID: 07/29/05 PO BOX 9140
CLM#: 152 OXNARD CA 93031-9140
TOB: 131 866 380-4745

PATIENT: DOE, JOHN
HIC: 123456789X
PAT STAT: 07 CLAIM STAT: 1

SVC FROM: 07/06/2005
THRU: 07/06/2005

PCN: 123456789
MRN: 000193638
ICN: 12345678901234

CHARGES:
2052.00=REPORTED
0.00=NCVD/DENIED
0.00=CLAIM ADJS
2052.00=COVERED

DAYS/VISITS:
0=COST REPT
0=COVD/UTIL
0=NON-COVERED
0=COVD VISITS
0=NCOV VISITS

ADJ REASON CODES: OA 93 0

PAYMENT DATA: =DRG
0.00=DRG AMOUNT
0.00=DRG/OPER/CAP
1518.62=LINE ADJ AMT
0.00=OUTLIER (C)
0.00=CAP OUTLIER
0.00=CASH DEDUCT
0.00=BLOOD DEDUCT
160.85=COINSURANCE
0.00=PAT REFUND
0.00=MSP LIAB MET

0.340=REIM RATE
0.00=MSP PRIM PAYER
0.00=PROF COMPONENT
0.00=ESRD AMOUNT
533.38=PROC CD AMOUNT
372.53=ALLOW/REIM
0.00=G/R AMOUNT
0.00=INTEREST
0.00=CONTRACT ADJ
0.00=PER DIEM AMT
372.53=NET REIM AMT

REMARK CODES: MA01 N114

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
0540	07/06	A0425		QN HN	1	40.00	6.84	CO	42	30.13	
								PR	2	3.03	
0540	07/06	A0429		QN HN	1	2012.00	365.69	CO	42	1488.09	
								PR	2	157.82	

Sample *Medicare National Standard Intermediary Remittance Advice.*

Please see **CMC**, *page 6*

CMC *(continued)*

CITY MEMORIAL
1234 STREET AVE
CITY, STATE 12345

2	3 PATIENT CONTROL NO.	4 TYPE OF BILL
	123456789	131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
	070605	070605					

12 PATIENT NAME	13 PATIENT ADDRESS
JOHN DOE	391 ELM STREET CITY, STATE 12345

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 DHR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
09291930	M								000193638								

a/b	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURENCE CODE	34 OCCURENCE DATE	35 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37 A/B/C
a	50	072905										
b												

38

a/b/c/d	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	A2	160 85				
b						
c						
d						

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0540	DESCRIPTION	A0425QN	070605	1	2012 00		
0540	DESCRIPTION	A0429QN	070605	1	40 00		
001	TOTAL CHARGES				2052 00		

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
MEDICARE	011223	Y	Y	372 53	2052 00	00454
O/P MEDI-CAL	MTE456789	Y	Y		160 85	
57	DUE FROM PATIENT ▶					

58 INSURED'S NAME	59 P REL	60 CERT. -SSN-HIC.-ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
JOHN DOE		123456789X 123456789		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG CD.	OTHER DIAG. CODES 68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78009											

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID	A012345
83 OTHER PHYS. ID	
OTHER PHYS ID.	

a/b/c/d	84 REMARKS
a	
b	
c	REMARKS AREA
d	

85 PROVIDER REPRESENTATIVE	86 DATE
x *Jane Doe, M.D.*	080205

UB-92 HCFA 1450

Sample *UB-92 Claim Form.*

Special Claims Review Reminder

To uphold proper billing procedures and practices, the Department of Health Services uses a Special Claims Review utilization control in accordance with the *California Code of Regulations*, Title 22, Section 51460. Providers may be placed on Special Claims Review upon determination that the provider has submitted improper claims, including claims that incorrectly identify services provided.

On Special Claims Review, claims are subjected to an additional level of prepayment examination by medical professionals. Claims must be submitted with documentation required to substantiate the nature, extent and medical necessity of the services claimed, as specifically detailed in the provider's Special Claims Review letter.

Special Claims Review applies to one or more procedure codes or to all of a provider's claims. Medi-Cal only reviews claims for dates of service within the Special Claims Review period, regardless of when submitted.

For more information about Special Claims Review, see the *Provider Guidelines: Billing Compliance* section in the Part 1 provider manual. This new section was created to further explain DHS' efforts to prevent fraud and inaccurate billing practices.

Managed Care AIDS Drugs Update

Effective for dates of service on or after July 1, 2005, the following AIDS drugs are capitated for County Organized Health System (COHS) plans Santa Barbara Regional Health Authority (HCP 502), Health Plan of San Mateo (HCP 503) and CalOPTIMA (HCP 506):

Atazanavir Sulfate	Enfuvirtide
Emtricitabine	Fosamprenavir Calcium

The updated information is reflected on manual replacement page mcp cohs 6 (Part 1).

Heroin Detoxification Services Noncapitated for Managed Care Plans

Effective retroactively for dates of service on and after January 1, 2003, heroin detoxification HCPCS codes Z6600 – Z6604 (per-visit) are noncapitated for the following County Organized Health System (COHS) health care plans (HCPs):

Health Care Plan	HCP Number
Santa Barbara Health Initiative	502
Health Plan of San Mateo	503
Partnership HealthPlan of California, Solano County	504
Partnership HealthPlan of California, Napa County	507
Partnership HealthPlan of California, Yolo County	509

Please see **Heroin**, *page 8*

Heroin *(continued)*

In addition, the following drugs are noncapitated retroactively for dates of service on or after the date indicated (right column) for most managed care programs, including the Partnership Health Plan of California – County Medical Services Program.

Drug	Effective Date
Buprenorphine HCl (Subutex)	April 1, 2003
Buprenorphine/Naloxone HCl (Suboxone)	January 1, 2003

Exceptions: These drugs are capitated for Program of All-Inclusive Care for the Elderly (PACE HCPs 050 – 056), Senior Care Action Network (SCAN HCPs 200 – 207), and Positive HealthCare-Los Angeles (HCP 915).

Timeliness Waived
A special instruction has been installed in the claims processing system to allow claims for these drugs to process as timely. Claims submitted more than six months beyond the date of service must be billed hard copy.

Corrections
The "Medicare" and "Newborn Screening Panel" entries were mistakenly listed as noncapitated items for COHS's. These items have been removed from the noncapitated list on manual page mcp cohs 4.

This information is reflected on manual replacement pages mcp cohs 3 thru 6 (Part 1), mcp gmc 8 (Part 1), mcp pre 5/6 (Part 1) and mcp two plan 6 (Part 1).

County Medical Services Program Updates

Program Transfers to Blue Cross
Beginning October 1, 2005 the County Medical Services Program (CMSP) will be administered by Blue Cross Life & Health Insurance Company (Blue Cross) instead of the California Department of Health Services. This change affects all CMSP recipients (aid codes 84, 85, 88, 89, 8F and 50) who live in a participating CMSP county. CMSP providers were notified of this transfer in a letter dated August 1, 2005 and released by the CMSP Governing Board.

CMSP providers can still submit to Medi-Cal claims for dates of service through September 30, 2005 for a period of up to 12 months, ending September 30, 2006. Effective October 1, 2006, all claims submitted to Medi-Cal for CMSP services will be denied.

Manual pages removing select references to CMSP will be released in a future *Medi-Cal Update*. Some CMSP information will be retained in the Medi-Cal provider manuals because verification of CMSP eligibility, including Share of Cost, will still be provided by Medi-Cal.

CMSP Pilot Managed Care Program Ends October 1, 2005
Effective for dates of service on or after October 1, 2005, Partnership HealthPlan of California – County Medical Services Program (PHC – CMSP) (Solano County – HCP 530) will be terminated. CMSP recipients enrolled in the managed care plan will join the general CMSP recipient population. CMSP providers were notified of this managed care plan phase-out in a letter dated August 1, 2005 and released by the CMSP Governing Board.

Manual pages reflecting this managed care change will be released in a future *Medi-Cal Update.*

Questions about both the CMSP transfer to Blue Cross and termination of the CMSP pilot managed care program may be directed to the CMSP Governing Board at (916) 649-2631.

RAD Code and Correlation Table Update

The following Remittance Advice Details (RAD) message has been updated to help reconcile provider accounts.

Code	Message
9587	The facility type is not appropriate for the facility provider number that appears in the *Other Physician ID* (Rendering Provider) field (Box 83A).

This information is reflected on manual replacement pages remit cd9000 28 (Part 1) and remit elect corr9500 6 (Part 1).

New BIC Issuance Complete

Statewide issuance of the new Medi-Cal Benefits Identification Card (BIC) is now complete. All Medi-Cal recipients should have a new BIC with a 14-character alphanumeric ID number. Recipients who have not received a new BIC should contact their county welfare office.

Eligibility Verification
Providers should use the new 14-character ID number when verifying recipient eligibility. The eligibility verification system accepts all 14 characters but currently only returns the first 10 characters with the eligibility verification response. Beginning October 22, 2005, the eligibility verification system will return the full 14-character ID number with the eligibility verification response.

Providers are reminded that they are responsible for verifying recipient identity and eligibility prior to rendering services, using the information from the recipient's BIC. Refer to the Medi-Cal Part 1 Provider Manual, *Eligibility: Recipient Identification* section, for more information.

Billing and Use of the Social Security Number
Providers should bill using the 14-character ID number from the BIC for which they received an eligibility verification response. The claims processing system accepts all 14 characters; however, the system will only process the first 10 characters until new billing provisions are implemented sometime in 2006. AB 3029 (Chapter 584, Statutes of 2004) requires providers to use the new 14-character BIC ID number when billing and, with a few exceptions, prohibits the use of the recipient's Social Security Number (SSN). Providers can use the recipient's SSN for billing (with the recipient's consent) until notified by Medi-Cal of new billing requirements in 2006.

HIPAA National Provider Identifier Update

Reminder: All eligible health care providers are required by law to apply for a National Provider Identifier (NPI). Providers are now able to obtain an NPI from the National Plan Provider Enumeration System (NPPES) either by mail or by Web application. Both the mailing address and the electronic application can be found at the Centers for Medicare & Medicaid Services (CMS) NPPES Web site at **https://nppes.cms.hhs.gov**.

Mandatory use of the NPI is set for May 23, 2007; however, during the interim period, Medi-Cal is encouraging providers that have obtained an NPI to start submitting it, along with their Medi-Cal provider number, on ASC X12N 837 v.4010A1 claim transactions. Instructions were provided about how to submit both the Medi-Cal Provider ID and the NPI in the July 2005 *Medi-Cal Update* bulletin.

CMS will release information that provides clarification about subpart enumeration for organization health care providers (for example: hospitals, group practices and pharmacy chains). A link to that announcement will be provided in an upcoming *Medi-Cal Update* when the information becomes available.

Please see **NPI**, *page 10*

NPI *(continued)*

Increasingly, health care providers are being asked to maintain uniformity and consistency. Uniformity requests that all similar provider organizations (for example: hospitals, Federally Qualified Health Centers, pharmacies, medical groups, independent labs, etc.) get similar subparts for their organizations. Consistency requests providers to bill similar services to all health plans with the same NPI – Medicare should not be billed with one subpart and Medi-Cal with another subpart for the same type(s) of service.

www.medi-cal.ca.gov

AEVS: Carrier Codes for Other Health Coverage: September Updates

The *AEVS: Carrier Codes for Other Health Coverage* list has been updated. These codes are updated monthly. For a complete *AEVS: Carrier Codes for Other Health Coverage* list, visit the Medi-Cal Web site at **www.medi-cal.ca.gov**. Click the "User Guides" link under "Provider Resources," then click the "AEVS User Guide" link. Additions and changes are shown in bold and underlined type.

Providers may order a hard copy update of the section by calling the Telephone Service Center (TSC) at 1-800-541-5555. Updates are listed below.

Code	Carrier	Code	Carrier
A207	BEECH STREET CORPORATION	I197	INTL ASSOCIATION OF BENEFITS
A793	ASSOCIATED ADMINISTRATORS, INC	I198	INNOVIANT
B024	BENEFIT PLANNING SERVICES	N265	SAN DIEGO/IMPERIAL CO SCHOOLS
C291	COLUSA BINGO & CASINO	T150	PHARMACARE DIRECT
C761	CIGNA GROUP INSURANCE		

www.medi-cal.ca.gov

Medi-Cal Suspended and Ineligible Provider List: September Update

The *Medi-Cal Suspended and Ineligible Provider List* (S & I List) has been updated. This list is updated monthly. For a complete S & I List, visit the Medi-Cal Web site at **www.medi-cal.ca.gov** and click the "S & I Provider List" link under "Provider Reference." Providers may also order a hard copy update of the section by calling the Telephone Service Center (TSC) at 1-800-541-5555.

Additions and changes are shown in bold type and reinstated providers are removed from the S & I List. Always refer to the S & I List when verifying provider ineligibility.

Physicians (susp A)

Abdel-Aziz, Mohamed I. 2107 Isle of Palms Drive Valrico, Florida	A37224	Suspended indefinitely effective 9/16/04.
Johnson, III Kenneth G. 66815 5th Street Desert Hot Springs, California	C30787	Suspended indefinitely effective 8/17/04.
Kamrava, Sid aka: Tarzana Garden OB/GYN Laboratory 18411 Clark Street, #301 Tarzana, California	A34548	Suspended indefinitely effective 3/20/05.
Kormi, Touraj, M.D. 2160 Appian Way, Suite #202 Pinole, California	A48807	Suspended indefinitely effective 8/19/04.

Pharmacist (susp E)

Mkryan, Vardan John aka: Mkryan, John 11502 Dona Evita Drive Studio City, California		Suspended indefinitely effective 1/19/05.

Sick Room Supplies (susp F)

Kuhar, Igor aka: M.I. Medical Supply Durable Medical Equipment Supply 18016 1/2 Ventura Boulevard Encino, California	101015	Suspended indefinitely effective 5/20/04.

Please see **S & I**, *page 11*

S & I *(continued)*

Chiropractor (susp J)

Boyko, John Joseph aka: Joseph, John Boyle, John J. 801 East Chapman Avenue, Suite #112 Fullerton, California	17627	Suspended indefinitely effective 12/20/04.
Didomenico, Fred John 6304 Lakeview Drive Kirkland, Washington	DC19430	Suspended indefinitely effective 6/16/03.
Lopez, Roberto aka: Ramirez, Roberto P.O. Box 1912 Seaside, California		Suspended indefinitely effective 12/20/04.

Home Health Aid (susp P)

Green, Mary aka: Greene, Mary Sharpe 4575 Windcloud Avenue Sacramento, California	HHA53180	Suspended indefinitely effective 2/20/05.
Hedrington, Herbert Orlonzo 3328 North Marks Avenue, #123 Fresno, California		Suspended indefinitely effective 8/17/05.
Kenyon, Kenneth 9035 Salinan Way Kelseyville, California		Suspended indefinitely effective 5/14/03.
McCarty-Rosario, Donna Lynn 1883 Broadway, Space #21 Vallejo, California		Suspended indefinitely effective 8/17/05.
Whitaker, Lamont 539 North Ramona Boulevard, #7 San Jacinto, California		Suspended indefinitely effective 10/22/02.

Certified Nurse Assistant (susp R)

Greene, Mary aka: Greene, Mary Sharpe 4575 Windcloud Avenue Sacramento, California	221169	Suspended indefinitely effective 2/20/05.
Kenyon, Kenneth 9035 Salinan Way Kelseyville, California	476242	Suspended indefinitely effective 5/14/03.
Whitaker, Lamont 539 North Ramona Boulevard, #7 San Jacinto, California	410175	Suspended indefinitely effective 10/22/02.

Licensed Vocational Nurse (susp R)

Adams, Tawnya Lorraine 1651 North Riverside Avenue, Apartment #815 Rialto, California	VN182694	Suspended indefinitely effective 9/10/04.
Alvarez, Beverly Jane aka: Baldomero, Beverly Jane Baldomero-Romero, Beverly Jane 4400 Carpinteria Avenue, Apartment #3 Carpinteria, California	VN194123	Suspended indefinitely effective 8/7/04.
Arevalo, Maria Rocio 600 South Lawrence Avenue Fullerton, California	VN183942	Suspended indefinitely effective 8/17/05.
Belser, Richard Dale 30 Acacia Avenue Oroville, California and 501 Spring Ridge Drive Crystal Lake, Illinois	VN182128	Suspended indefinitely effective 10/10/04.
Ezebunwa, Esther Nkiruka aka: Ezebunwa, Esther Nkiru Chuckwu, Esther Nkiru Anthony 5760 Rightwood Way Sacramento, California	180765	Suspended indefinitely effective 9/20/04.
Jones, Dawn Marie aka: Johnson, Dawn Marie 689 Temple Avenue, #308 Long Beach, California	VN189430	Suspended indefinitely effective 10/10/04.
Mariscal, Lisa Marie aka: Lopez, Lisa Marie 130 West Katella Avenue, #105 Anaheim, California	VN178786	Suspended indefinitely effective 9/20/04.
McQueeney, Daniel Patrick 2801 Summit Street, Apartment #255 Oakland, California	VN185488	Suspended indefinitely effective 10/28/04.

Instructions for Manual Replacement Pages — Part 1

September 2005

Remove and replace:	*Contents for Medi-Cal Program and Eligibility iii/iv* *****
	appeal 1/2
	mcp an over 1/2 *
	mcp cohs 3 thru 6
Remove:	mcp gmc 7
Insert:	mcp gmc 7/8 *(new)*
Remove:	mcp pre 5/6
Insert:	mcp pre 5 thru 7 *(new)*
Remove and replace:	mcp two plan 5 thru 7
Remove:	prov guide 3 thru 21
Insert:	prov guide 3 thru 15 *
Insert after the *Provider Guidelines* section:	prov guide bil 1 thru 5 *(new)*
Remove and replace:	prov tele 1 thru 6 and 9/10
Remove:	prov tele 25
Insert:	prov tele 25/26 *(new)*
Remove and replace:	remit cd9000 27/28
	remit elect corr9500 5/6

The following updated sections are available at **www.medi-cal.ca.gov**:

- *AEVS: Carrier Codes for Other Health Coverage*
- *Medi-Cal Suspended and Ineligible Provider List*

* Pages updated due to ongoing provider manual revisions.